

Attorney Services
Change of Information and Replacement Card Request Form

Attorney registration number _____

Attorney name _____

Section I. Change of Attorney Name

Please change my name on record with the Office of Attorney Services to the name listed below. Name change request should be accompanied by a copy of the name change order, such as marriage license, divorce decree, court order, etc.

New attorney name

Section II. Change or Verification of Attorney Address

Please ☐ change or ☐ verify my address(es) as specified below.

Residence Address		Business or Firm Name	
_____		_____	
		Title or Position	
_____		_____	
City	County	Business or Firm Address	
_____	_____	_____	
State	Zip	City	County
_____	_____	_____	_____
E-mail address		State	Zip
_____		_____	_____
Fax Number		Business or Firm Phone	
_____		_____	

Section III. Request for Replacement Card

Please issue a replacement attorney registration card.

I am requesting a replacement card because (check one):

- ☐ I have a change of name.
- ☐ The card issued for the current biennium has been lost or destroyed.

I certify that the information I am providing on this form is true and accurate.

Signature of Attorney (Required) _____ Date